Nova Scotia

ANNUAL REPORT 129

for the fiscal year
ending March 31, 1987

The Nova Scotia Hospital

89-04934/

The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the one hundred and twenty-ninth Annual Report of The Nova Scotia Hospital.

I have the honour to be
Your obedient servant,

Ronald S. Russell
Minister of Health

To The Honourable Ronald S. Russell
Minister of Health
Province of Nova Scotia

Sir:

I have the honour to transmit herewith the one hundred and twenty-ninth Annual Report of The Nova Scotia Hospital.

Yours truly,

David W. Richey
Chairman
Board of Management

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BOARD OF MANAGEMENT

Chairman	D. Richey
Vice-Chairman	D. Tanton
Members	D. Ardley
	Rev. J. Clarke
	M. Conrod (Mrs.)
	O. Henderson
	Dr. G. Ibsen
	P. Murray (Mrs.)
	A. Nielsen
	K. O'Hearn
	L. Peters
	Rev. E. Theriault
	D. West

ADMINISTRATIVE STAFF
THE NOVA SCOTIA HOSPITAL
(at March 31, 1987)

A/Executive Director	Mr. Craig Brown
Medical Director	Dr. David McPherson

Department of Psychiatry

Director of Psychiatry	Dr. S. Akhtar
Director of Forensic Services	Dr. S. Akhtar
Director of Community Services	Dr. L. Buffett
Director of Adolescent Services	Dr. K. Ahmad
Director of Out-Patient Department	Dr. L. Holland
Director of Children's Services	Dr. I. DeCoutere
Director of Psychogeriatric Services	Dr. N. Allison
Senior Psychiatrist	Dr. J.V. O'Brien
Senior Psychiatrist	Dr. J. Curtis
Senior Psychiatrist	Dr. M. Virey
Senior Psychiatrist	Dr. A. Hipwell
Senior Psychiatrist	Dr. D. Maynes
Staff Psychiatrist	Dr. E.P.B. Aquino
Staff Psychiatrist	Dr. A. Bhattacharyya
Staff Psychiatrist	Dr. S. Brooks
Staff Psychiatrist	Dr. M. Cussen
Staff Psychiatrist	Dr. P. Malavi
Staff Psychiatrist	Dr. M.S. Muthu

Staff Psychiatrist	Dr. M. Tomlinson
Staff Psychiatrist	Dr. S. Villacastin
Staff Psychiatrist	Dr. S. Yoon

Department of Medicine

Chief of Medicine	Dr. D. Weir
Staff Physician	Dr. S. Abraham
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. P. Newman
Staff Physician	Dr. H. Ruparelia
Staff Physician	Dr. G. Worthylake

Heads of Departments

Director of Nursing	Mrs. G. Webber
Director of Personnel and Payroll	Mrs. E. Hill
Director of Finance	Mr. D. Woods
Director of Support Services	Mr. M. Townsend
Director of Planning & Community Relations	Ms. S. Boggild
Director of Dietetics	Mrs. J. Jenkins
Director of Pharmacy Services	Mr. G. Moulton
Director of Staff Development	Mrs. J. Clancey
Director of Health Records	Ms. D. Calder
Director of Psychology	Dr. P. Shackleton
Director of Nursing Education	Mrs. T. Blaikie
Volunteer Coordinator	Ms. L. McMaster
Maintenance Manager	Mr. D. MacIntyre
Director of Social Work	Mrs. W. Milne
Director of Motivational Therapy	Mrs. M. Spindler
Co-ordinator of Educational Services	Mr. P. Giroux

CONSULTANT STAFF

Neurology and Encephalography	Dr. H.N.A. MacDonald
ENT	Dr. R.S. Murphy
Ophthalmology	Dr. M. Humayun
Ophthalmology	Dr. R. Hand
Medicine	Dr. C. Young
Radiology	Dr. I.M. MacLeod
Surgery	Dr. B.J. Steele
Dentistry	Dr. C.W. Curry
Dentistry	Dr. H.L. Sable

Dentistry	Dr. R. Conter
Obstetrics and Gynecology	Dr. D. Johnston
Pediatrics	Dr. U. Weste
Pathology	Dr. I. Maxwell
Anesthesiology	Dr. L. Marr
Anesthesiology	Dr. A. Kelland
Anesthesiology	Dr. R. Paterson
Internal Medicine and Hematology	Dr. O. Hayne
Urology	Dr. S. Yoon

CONSULTANT STAFF IN PSYCHIATRIC TEACHING

Dr. J.F. Nicholson
Dr. S. Hirsch
Dr. P. Flynn
Dr. A. Munro
Dr. W.O. MacCormick
Dr. W.A. Birnie
Dr. J. Gray
Dr. H.P. Poulos

CHAPLAINCY SERVICE

Protestant	Rev. R. MacLean
Roman Catholic	Mary Ellen Morrisey

REPORT OF THE CHAIRMAN OF THE BOARD

The 1986–87 fiscal year was one of upheaval for our hospital, and a trying time for our Board. Yet the hospital made significant progress in the areas of teaching and research, and we were gratified to see our relationship with Dalhousie University enriched. As well, the Board continued to work with senior staff in developing a public relations plan aimed at reducing the stigma of mental illness and improving the image of The Nova Scotia Hospital.

Dr. Harry Poulos stepped down as Medical Director after many years of dedicated service to the hospital and the people of Nova Scotia and joined our consultant staff. He was succeeded in June 1986 by Dr. David McPherson, who came to us from McGill University and the Montreal General Hospital. With concerted effort on his part, teaching of medical students, interns and residents has blossomed at The Nova Scotia Hospital. Research, which was lacking in the past, became an area of vital concern with the establishment of a Research Committee and development of several research protocols.

Frank Chalmers continued his efforts to modernize the administrative structure of the hospital to bring the organization to an improved level of managerial functioning. The position of Assistant Executive Director was created, and an outstanding candidate was recruited in the person of Craig Brown, former Assistant Executive Director at The Hospital for Sick Children in Toronto. The hospital continued to benefit from the services of a Director of Planning and Community Relations, in recognition of the need to prepare the hospital for the challenges of the future; although by year-end this position had not been granted permanent status by the Civil Service Commission. The Executive Director was instructed by our Board to examine the relationship of the hospital with the government, with a view to effecting greater efficiencies, particularly in areas of administrative decision-making. A discussion paper was prepared in December and was presented to the Minister of Health at a regular meeting in February 1987.

Also in December, we were notified by the Canadian Council on Hospital Accreditation that the hospital had attained the highest category of accreditation status (three years). This means that the hospital has "above average compliance with standards in all areas". The award speaks highly of the dedication of our staff to the provision of exemplary service to our patients and reaffirms the place of The Nova Scotia Hospital among the finest psychiatric teaching hospitals in Canada.

In mid-February 1987 we lost the services of Mr. Chalmers, who left to assume a more financially rewarding position at a smaller hospital in Oakville, Ontario. At year-end Craig Brown was Acting Executive Director, and his report follows. Also by the end of the year, Dr. McPherson had tendered his resignation as Medical Director for personal reasons that required his return to Montreal, although he was not expected to leave until August, and his impending departure was not announced.

The annual retreat of the Board with senior staff focused on the stigma of mental illness and the public image of The Nova Scotia Hospital. The inability of our various communities to accept former psychiatric patients presents significant barriers to reintegration and hinders their return to the status of productive members of society. This is most acutely felt in the areas of employment and accommodation, recognizing that many former patients require various forms of support in daily living. Failure in any one of these areas often results in readmission to hospital and consequent costs to the taxpayer. A massive campaign of public education by our hospital, in partnership with government and other caregivers in the mental health field, is required. Also of concern is the effect on the patients' self-esteem of being admitted to the hospital, which for most of the 130 years of its existence has been regarded as the provincial asylum for the insane. By educating the public and the various professionals and agencies with which the hospital interacts, improvement in the image of the hospital can aid in the recovery of our patients. The positive benefits in terms of effectiveness and productivity of staff that would result from improved morale could prove immeasurable.

Nova Scotia is fortunate to have such a dedicated and highly qualified staff at its primary psychiatric facility, and the Board is indebted to all employees for their outstanding service. I am personally indebted to our Vice-Chairman, David Tanton, and other members of the Board for their support over the past year. The balance of my report relates the activities of Board committees, which illustrate the commitment our Board members bring to their duties.

Legislation Committee (O.G. Henderson, Chairman)

Owing to the pressures on senior staff of other commitments, this committee was not as active as in past years. The Hospital By-Laws were approved by the Minister of Health pursuant to the Hospitals Act. Work began in earnest on a hospital-wide administrative policy and procedure manual, and a basic format was established and table of contents de-

veloped. This committee also undertook the development of by-laws for the Foundation under the authority of the Nova Scotia Hospital Foundation Act.

Finance Committee (Kerry O'Hearn, Chairman)

This committee met monthly, just prior to the Board meeting, to review the monthly financial statement for the hospital, thereby enabling the committee Chairman to present the financial report at each Board meeting. The committee continued to examine the operations of various hospital departments and to review individual departmental budgets. Statements of the camp fund and bequest fund were reviewed, as were the salaries of senior staff in the hospital, and appropriate recommendations made to the Board. Representatives of the Auditor General's Department presented the annual audit report and financial statements for 1985–86, for presentation to the annual meeting of the hospital in October 1986. A special meeting was held in January, with authority delegated by the Board, to examine the 1987–88 budget prior to submission to the Department of Health. The bank accounts for the Foundation were discussed in preparation for transfer of bequest funds from the Department of Finance.

Patient Care Committee (Leo Peters, Chairman)

Ten meetings of this committee were held during the year. A hospital-wide quality asurance plan was recommended to the Board for approval, and quarterly reports from the Quality Assurance Committee were reviewed by the Patient Care Committee. The committee continued to wrestle with the concept of a patient advocate/patient representative program. Arrangements were made to have periodic visits by representatives of the office of the Ombudsman to hear patient complaints. Presentations were received from Dr. Bill Birnie, regarding similar programs in Ontario, and Ms. Eleanor Givner, regarding the program at the Victoria General Hospital. Preliminary plans were made for implementation of an Ethics Consultation Service at the hospital, with significant input to this process from Mr. Peters and Rev. Clarke of the Board. The Disaster Plan was updated, and activities of the Medical Advisory Committee were reviewed regularly. Hospital policies for dealing with AIDS were examined and will remain under constant review. Also discussed were a patient satisfaction questionnaire and harbour rescue procedures.

Planning Committee (Pam Murray, Chairman)

This committee met regularly and dealt with several issues of significance to the hospital. The Five Year Plan was updated, and a staff audit of long-stay patients was reviewed. A report to the Minister of Health on difficulties in community placement for patients was reviewed by the committee, as was the hospital's submission to the Interdepartmental Committee on Home Care and the report to the Officials Committee on Needs of Long-Term Mentally Retarded/Mentally Handicapped in the metro area. The housing coordinator for the City of Dartmouth was invited to review the availability of housing and options for continued follow-up on this issue. The Director of Social Work was instrumental in directing the activities of the committee in this regard. The committee continued to follow efforts aimed at establishment of a psychiatric facility for young and adult offenders, and positive developments were noted at year-end.

Personnel and Public Relations Committee (Rev. J. Clarke, Chairman)

The nine meetings of this committee were particularly productive. Dr. Jon White of Mount Saint Vincent University met with the committee and reviewed his study of public relations at the hospital, and his recommendations were discussed. Regular reports on public relations and volunteers were received from the Director of Planning and Community Relations, and regular reports were received from the Director of Personnel as well as from the Hospital Auxiliary. A study on staff absenteeism, previously initiated by the Finance Committee, was reviewed. Plans for development of a Speakers Bureau for the Hospital were approved, and the official opening of the Tel-Med system was planned and carried out. Plans were finalized for the first Hospital picnic for staff and patients, and the Board presented a memorable performance in the "lip-sync" contest. A draft smoking policy for the hospital was reviewed, and appropriate recommendations were made to the Board. Policies for implementation of the Occupational Health and Safety Act were recommended to the Board for approval. This committee coordinated the first dinner to bring the medical staff and Board together and was mandated to further develop a public relations plan as evolved from the Board retreat.

Board Development Committee (David Tanton, Chairman)

This committee met on seven occasions to ensure that the Board was kept informed of developments in the treatment of the mentally ill and, at

the same time, to ensure that the Board was functioning effectively. The Board education program was revised. Education sessions for the full Board were planned and conducted to receive reports from Board members on conferences they had attended and for visits to hospital units to inform the Board of patient-related activities. The priorities for the Executive Director (in preparation for performance appraisal) were examined and established. A format for Board self-evaluation was developed.

The Building Committee did not meet during 1986–87, as we awaited government approval for construction of a 100-bed extended care unit at the hospital.

REPORT OF THE EXECUTIVE DIRECTOR

The life and survival of any organization is dependent on its ability to grow and change, seizing on opportuniites as they arise, reflecting on past actions, and continuing to explore new horizons. It is fair to say that this past year (April 1, 1986, to March 31, 1987) was a prime example of that dynamic environment.

Within the senior management staff there were many changes: the recruitment of a new Medical Director: Dr. David McPherson; the addition of a senior position—the Assistant Executive Director—filled initially by myself; the initiation of the position—Director of Planning and Community Relations, filled by Ms. Suzanne Boggild; and, near the end of this period, by the departure of Mr. Frank Chalmers, the Executive Director. Changes of this magnitude in a relatively short period of time are challenging to the organization, while at the same time they can be threatening to its overall stability. Commendations are in order for the staff who have endured and persevered over this period.

Without a doubt, a major highlight of the year was the completion of the Canadian Council on Hospital Accreditation Survey and the receipt of a three-year accreditation award. This speaks stronger than any comments I could make here as to the calibre of our programs and the dedication of our staff. I congratulate all of our staff.

New initiatives were undertaken in a variety of areas. Background work is complete on a Patient Representative Program and an Ethics Consultation Service. A Research Committee has been formed to review all research proposals, which are becoming a thrust of this institution. The hospital-wide Quality Assurance Program has also been refined further.

Facility planning continues to be a priority. The construction of the new extended care building and of a new forensic facility remain priorities. No movement was seen this year on the extended care unit, but we remain hopeful. The need for a forensic facility was reaffirmed by a senior government task force, on which I had the pleasure of participating.

In addition to these changes and new directions there have been many other accomplishments. Some of the year's highlights follow.

At the annual Board retreat, Board members and senior staff de-

veloped a framework for a public relations plan. The goal of this plan is to improve the image of the hospital, and of mental illness overall. The framework of a plan was reviewed by the hospital's management team and refined further. Significant energies are now being expended in the public relations area.

Internally, a monthly newsletter, **Dialogue**, got off the ground. This has become a good vehicle for communication and public relations, but it could be more timely if we had the option of direct purchase of graphic design and printing services.

Volunteerism is on the rise at The Nova Scotia Hospital. With the addition of Ms. Linda McMaster to head up our Volunteer Services Department, we are aggressively recruiting and training volunteers. One of the new programs implemented by volunteers is the Tel-med Health Information Line, which averages 1,400 calls per month.

A comprehensive Nursing Workload Management System was developed and successfully implemented. This system provides detailed breakdowns of nursing workload, based on the acuteness or severity of patient illness. Early statistical data indicate that we are understaffed in comparison to the specific care needs of our patient population. This will become an issue for discussion with the Department of Health in our ongoing efforts to expand our programming on patient units.

The entrepreneurship and creativity of staff on Units N–12 and N–16 are worthy of note. Both of these units have embarked on extensive life skills training programs for their patients, through major external grants.

The activities of our Dietary Department have become the centre of attention from dietitians across the province owing to new developments implemented here. A computerized dietary management information system is being implemented in three phases, and the first phase is now fully operational. This system will develop and print master menus and selective menus on a daily basis, cost standardized recipes, produce stock reports and minimum quantities required, and provide nutritional analysis information and nutritional assessment data. Direct spin-offs from this system will be savings resulting from reduced staffing, more efficient utilization of raw material, and indirectly, reduction of peripheral workload by others on nursing units.

Also, state of the art technology has been installed in the kitchen itself with the introduction of Blast Chiller equipment, which ensures

greater food safety and more optimal scheduling of staff and extends food life with subsequent reduction in food wastage.

Computerization is on the rise elsewhere in the hospital. One fundamental step is the implementation of a Central Patient Index. This will serve as the basis for development of an order-entry system on all units and will tie together outpatient and inpatient services. Despite these efforts, we lag behind other similar institutions in overall level and scope of computerization.

Community outreach activities continue to be the norm, not the exception. Many staff members give presentations to professional and community groups on issues related to mental health care or on specific hospital programs. Staff members also serve on university, community, provincial, and national committees and task forces. All of these activities are costly in terms of staff resources; however they are invaluable as a public relations tool and as a means of keeping staff up to date with modern trends in health and social sevices.

Overall, much has been accomplished at The Nova Scotia Hospital over the past year. Our ability, though, to reallocate resources to respond to internal pressures and needs is hampered by regulations that require multiple levels of approval through various government departments. In spite of these restrictions and a shortage of staff in strategic areas throughout our organization, we maintained excellent patient care and progressed with several innovative new programs.

I started off by commenting on changes and their rapid escalation. Next year should be different only in that we should experience even more changes than in the past. Together, though, we can and will pull together and move ahead.

In closing, I would be remiss if I didn't pay tribute to my predecessor, Mr. Frank Chalmers. Frank was at the helm of our organization during most of this year, and he and the staff are to be commended for these accomplishments.

Similarly, thanks are extended to the Board of Management, and in particular to the tireless involvement of the chairman, Mr. David Richey. Through the individual drive of all involved and their collective effort, we

are able to meet our goal of providing top quality care to the patients we serve.

Craig Brown
Acting Executive Director

Medical Records Department

This department has operated efficiently over the past year with no turnover in full-time staff. There are five full-time staff members and one full-time casual data entry operator. The department participated in five audits for the Multidisciplinary Audit Committee and assisted in research studies. A major undertaking was begun during this period in the computerization of our patient information system. Thirty-six thousand patients in our Central Patient Index were backloaded into the system. As soon as space is available in our main computer system, we will begin active entry of admissions, transfers, and discharges.

Following are selected statistics for the 1986–87 fiscal year:

Number of patients at beginning of year	356
Total admissions	1,672
Average length of stay	64 days
Average patient census	320
Average number of beds set up	391
Total days of service	116,873
Number of patients at end of year	331

Dietary Department

Equipment and Systems Installations

- The hardware to support a computerized dietary management information system was installed in the department, and Phase I of the three-phase program became operational. Phases II and III have been installed, and support data for the program are being collected and organized.

- The dish return conveyor system was replaced in the dishroom. A refuse pulper-extractor-disposer was interfaced with the conveyor system. The installation of the extractor in a remote location of the

department eliminated a long-standing problem with safe refuse disposal.

— A Blast Chiller, a state-of-the-art piece of equipment to ensure safe food preparation, was installed in the department and is fully operational.

— The carpet in the Marine Watch Cafeteria was replaced. This was the first step in the total redecoration of the cafeteria, planned for the near future.

The Assistant Director of Dietetics has responded to many invitations to present The Nova Scotia Hospital dietary computer system and the Blast Chiller to outside groups. Several publications have also been prepared on these subjects.

Motivational Therapy Department

The high occupational therapist vacancy rate experienced in recent years was significantly altered with the appointment of six therapists and the reduction of the resignation rate to a reasonable level. The impact of this on clinical service is demonstrated by our workload measurement system as follows:

	Weighted Treatment Units	Patient Attendances
1985–86	383,313	9,682
1986–87	687,350	16,406

An urgent referral system was designed and implemented as an interim method on a very limited basis of addressing service needs on units not assigned an occupational therapist.

A field work program for recreation students was initiated and the occupational therapy clinical field work placement program was reinstated. A policy and procedure manual was developed for Camp Victoria, and a series of community-based leisure education programs, developed jointly with Dartmouth Parks and Recreation Department, operated during the year.

Nursing Service Department

It was a busy year for the Nursing Service Department.

Actual patient days showed a slight decrease; however, demands on nursing time increased. Absenteeism continued to increase with the implementation of the Long-Term Disability Program. An average of 4.77 hours of care per patient per day were provided.

A Nursing Workload Management System was developed and implemented on October 6, 1986. Full implementation of the project is targeted for the fall of 1987. A three-phase audit process will also be incorporated into this project. Early statistical data indicate heavy workload requirements for nursing staff.

The following programs were updated and implemented during the year; Nursing Service Philosophy and Objectives; Nursing Assessment Forms; Guidelines for Developing Care Plans; development and implementation of Competency-Based Performance Appraisals for Head Nurses and Staff Nurses; development of Competency-Based Performance Appraisals for CNA's and PNA's; Updated Departmental Quality Assurance Program; and development and implementation of a Unit Quality Assurance Program.

Outcomes of the various audits indicated a high compliance to standards.

Accounting and Data Processing Departments

A Budget Co-ordinator, Mr. Doug Hendsbee, was seconded from the Auditor General's Department for the period of September 29, 1986, to April 30, 1987. The conversion of the general ledger to the Department of Finance system was delayed due to insufficient staff and the need for additional terminals connected to the Department of Finance's computer. Only the posting of journal entries and daily cash reports could be dealt with and accounts payable are still being sent to the Department of Finance for processing by their staff.

Computerization

The Dietary Management Information System was installed. Software was acquired and a data entry clerk was hired for the Medical Records Department to begin work on the Central Patient Index. The Admission/Discharge/Transfer System has been delayed until approval for the computer is received. A PC 2000 and printer for the Personnel and Payroll Department was acquired for the processing of the Leave Reporting System on the Government Services' mainframe computer.

Planning and Community Relations Department

In December 1986 the departments of planning, public relations, and volunteer services amalgamated to form the Planning and Community Relations Department.

In June a telephone information line (Tel-med) was opened. This service contains a taped library of health information, which is operated by volunteers and allows callers to remain anonymous.

Dialogue, a monthly newsletter for The Nova Scotia Hospital staff and key members of the hospital's public, was developed as a means to improve communications among hospital departments, build staff morale, and inform members of the public about programs underway at the hospital.

In February 1987 a full-time Volunteer Co-ordinator was appointed.

The development of both a Patient Representative Program and an Ethics Consultation Service got underway. The Director is also involved in long-term strategic planning for the hospital with the Executive Director and in the development of a hospital-wide public relations plan.

Nursing Education Department

The Nursing Education Department revised its curriculum for its affiliates and post-graduate programs. Also, it was able to insure that clinical experience was maintained for all programs with which the department holds a contract.

Pharmacy and Pharmacy Services Department

Pharmacy Department

The Workload Measurement Reporting System, introduced by the Department of Health, began with this fiscal year. Statistics for each month have been forwarded to the department for comparison with other hospitals. Complete statistics are not yet available for the year, although preliminary results show this hospital to have the lowest drug costs per patient day.

Pharmacy Services Department

In the Pharmacy Services Department a total of 8,843 orders were processed by the department during the year, with an approximate value of $13.5 million. Several new accounts, mainly nursing homes, were added this year. It would appear that this program has about reached its limit insofar as new accounts are concerned, and the future lies in maintaining and supplying those items required by the users.

Patient Education Department

During the past year, the elementary classrooms began to incorporate the Brigance Diagnostic Inventory as a means of assessing needs. This system is used for evaluating competency, mainstreaming, program placement and individual program design. It will be extended to the adolescent classrooms and, hopefully, to Units N–12 and N–16.

The successful recruitment, on a casual basis, of a graduate of the Acadia Special Education Program who has had experience at Landmark East School has allowed for better assessment of general and specific adolescent learning disabilities.

The N–12 Special Education Program was greatly expanded due to the presence of grant workers. This underlines the need for a full-time teacher and aides.

Computers still are used mainly in the elementary classrooms. With the addition of more computers in 1987–88, the program will be extended to adolescent and special classes. The "Computer Camp" for elementary students organized in cooperation with Psychology was found to be useful.

The placing of patients in community programs still remains a problem due mostly to the elimination of some special classes and to misinformation in the community about the teaching and therapeutic programs of The Nova Scotia Hospital. This is being addressed by: early contact with the home school; ongoing progress reports; increasing involvement of school authorities in case conferences and predischarge planning; and an in-service program to the community including off-site presentations as well as hospital tours. This service has been provided to 150 teachers and other professionals and has been useful in providing smoother transition for patients to schools.

Psychology Department

Increased staffing levels led to improved service levels. The establishment of a range of psychological services to the psychogeriatric services included emphasis on milieu activities, which include poetry and reminiscence, music, and dance groups, in addition to psychotherapy and other standard services.

Major program developments continued on units N–16 and N–12 supported by the major federal grant funding. On N–16 life skills training and vocational habilitation were carried out, and on N–12, communications training, beginning introduction of a token system, beginning of a functional classroom program, independent living and vocational training.

On the MacKay Unit procedures for assessing the effectiveness of treatment were introduced, as well as social skills and process groups, and a parenting program was developed.

On the Princess Alexandra Unit services were expanded to include intensive group psychotherapy, social skills training, provision of assessments under the Young Offenders Act, and increased team participation, including the development of a unit-wide behavior management program.

Increased involvement in the Dartmouth Mental Health Centre led to the development of regular clinical and educational meetings and the development of clinical teams.

Continued consultative and educative involvement with community agencies included the appearance of staff on a children's TV program; a presentation on depression at the Dartmouth Library; a presentation on competitive employment to the School of Occupational Therapy at Dalhousie; a presentation on stress management to church groups and to Step 16–20 (a re-entry program for unemployed youth); a presentation on individual programming to an early education conference; and a presentation on computerized psychology assessment for a school psychology in-service session.

A handbook detailing frequently used, local service and community agencies was prepared by an intern for use by staff members. Two predoctoral interns from the University of Windsor commenced year-long placements.

Staff are preparing an article for publication on a behavioral treatment approach carried out in the hospital. Several submissions to hospital adminstration were made.

The liaison model was modified to allow a small number of staff to concentrate their clinical work in one rather than two clinical areas. First-stage implementation of a departmental Quality Assurance Program began, and the progressive implementation of computerized psychological assessment services continued.

Social Work Department

The Social Work Department completed the information brochure for distribution to patients and families. The department continued its community involvement by presenting workshops, sitting on committees, delivering lectures, and developing proposals. The Director of Social Work was a member of the National Task Force on Mental Health Issues Affecting Immigrants and Refugees, under joint sponsorship of the federal departments of Health and Multiculturalism. The Director is also on a committee for women's residential facilities and has initiated discussion with them around the joint proposal for housing the post-mentally ill. Staff delivered lectures to Maritime School of Social Work students in the advanced practice on "Feminist Perspectives in Social Work Practice" and "Feminist Counselling" and gave two interviews to the media on needs of the post-mentally ill and the family education program. Workshops were held with counsellors on Indian reserves on stress management, suicide, and dealing with death and grieving, and community workshops were held on family isolation, women's rights, and the problems of one-parent families. A presentation was made to the Officials Committee on the needs of the chronically mentally ill and another to the Task Force on Services to Families and Children. The department also coordinated a survey carried out by Statistics Canada called "The Health and Activity Limitation Survey" done on both physically and mentally handicapped people in institutions nationwide.

The Family Education Committee presented a workshop on substance abuse, stress management and schizophrenia to families of patients and staff from Homes for Special Care. The department developed a Quality Assurance Plan and began conducting quarterly chart audits as part of their Quality Assurance Program.

Staff Development Department

The Staff Development Department continued its active involvement in internal and external programming.

A stress management program for all staff was begun and is conducted on a weekly basis. An introduction to the SL 1 Business Communication System was held for all staff. A questionnaire was developed, distributed, and returned, and a summary of data was completed on the recommendations for the Smoking Cessation Program. Specific programs for nursing units such as therapeutic communication and interpersonal interaction were held, and a cardiac management program for all physicians and head nurses was developed.

Symposia were held on eating disorders, AIDS, rape crisis, long-acting neuroleptics, ECT update, back care, masked depression and cultural differences, and the treatment of pain and distress in cancer patients. The latest edition of the *Psychotropic Medication Update* booklet was sent for publication and a policy/procedure was developed for the Audio-visual Sub-department.

Support Services

Housekeeping

In keeping with the high standards of cleanliness and sanitation achieved by the staff of the Housekeeping Department, a Quality Assurance Program was developed and inplemented. Some staff were reallocated to the problem areas of N–12, S–2, N–2, and C–3 to ensure the highest standards were met in these areas. Also, a high-speed floor maintenance system was implemented. A formal training program was developed and implemented.

Fire, Safety and Security

A Quality Assurance Program was developed and implemented for this department. The security service contract was tendered during this year and awarded to a new professional company. The Pharmacy Stores area underwent some structural changes, and a new alarm system was implemented to increase security in this area. The RCMP recommendations were implemented on the Forensic Unit, and new locks were ordered for the entire Purdy Building.

New state-of-the-art halon extinguishers were introduced to the nursing units, computer centre, and the telephone room. Smoke detectors were ordered for the MacKay Unit and the Princess Alexandra Unit. This year saw a reduction in the number of false alarms, and the yearly checking of fire alarm and fire suppression systems was contracted to a qualified agency.

A disaster resource team and area was set up, and the disaster plan was tested and revised.

Office Services

A Quality Assurance Program was developed and implemented for the Office Services Department. The upgrading of equipment was begun with the purchase of a word processing system for the Steno Pool and of new photocopiers to increase clerical efficiency. A retention schedule for all hospital records was developed. In order to strive for better mail service, the hospital participated in the design and implementation of a central courier service with other COTH hospitals. New shelving and furniture were ordered for the Library, and a patient resource section was developed.

Central Laundry

A Quality Assurance Program was developed and implemented, and a Manager of Laundry Operations was recruited. A new truck was purchased, and a program to replace shipping carts was begun. Increased productivity led to an operating surplus and a reduced cost per pound.

Linen Distribution

A Quality Assurance Program was developed and implemented, and the Apparel Shop and Clothing Office were amalgamated with Linen Distribution. A small washer and dryer were installed for small piece, low-volume processing of such things as patient clothing. The development of an exhange cart system was begun.

Materials Management

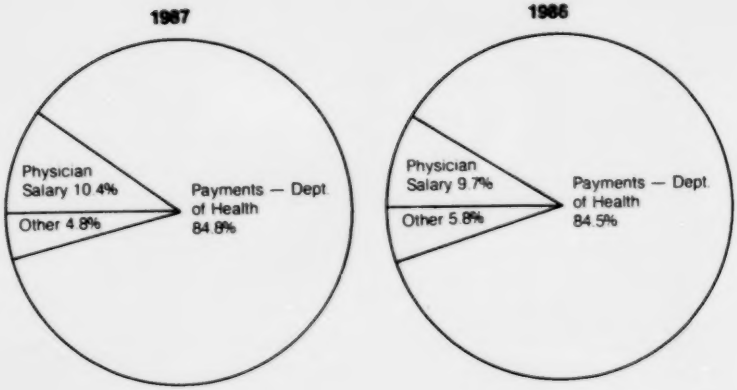
A Quality Assurance Program was developed and implemented. The capital asset control system was computerized. The upgrading of unit furnishings continued, an internal signage system was implemented, and an external signage system was developed.

Maintenance

A Quality Assurance Program was developed and implemented. All nursing stations were renovated, and S–2 was renovated to become the second psychogeriatric unit. The back-up generator was ordered. Offices were renovated or built for the Assistant Executive Director, the Assistant Director of Nursing, the Laundry Production Manager, and the new Department of Planning and Community Relations. Repairs were completed to the pool, plumbing on S–13, the plaster of the sixth floor of Simpson Hall, and the walls of the Princess Alexandra Unit. The washroom was renovated on N–16 and glass was replaced with plexiglass in 17 windows in the DeWolf Building. A new carpet was installed in the Cafeteria and sign mockups were done of new external signs proposed for the hospital. Showers were installed in the male and female washrooms in the Laundry Building, and a new locking system and gate area for Pharmacy Stores was completed. The MacKay Unit was completely repainted, and fluorescent lighting was installed in the Purdy Building. The hospital's new X-ray equipment was installed. Fifty framed pictures were hung on the nursing units. On October 1, 1986, the hospital changed from Bunker C to Bunker A fuel at an increased cost of $88,000 in an attempt to reduce environmental emissions.

Analysis of Hospital Recoveries
For the Years Ending March 31, 1986, and 1987

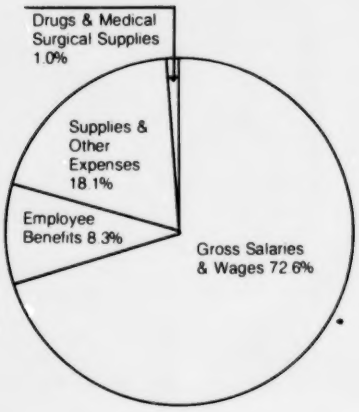
Percentage Distribution of Revenue
by Type of Recovery



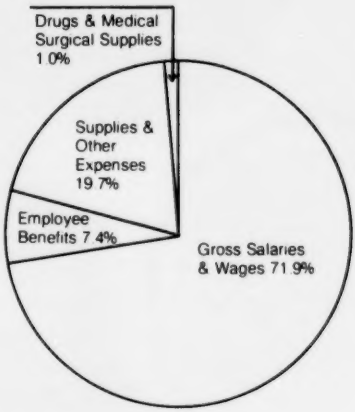
	1987	1986
Other		
Uninsured patients days	.1%	.1%
Meal recoveries	1.6%	1.7%
Room recoveries	.4%	.5%
Steam	.7%	1.2%
Services to Central Laundry	1.3%	1.6%
Metro Drug Dependency	.7%	.8%
Net ancillary operations	(.1%)	(.3%)
Other	.1%	.2%
	4.8%	5.8%

Analysis of Hospital Expenditures
For the Years Ending March 31, 1986, and 1987

Percentage Distribution of Costs
by Type of Expenses



1987

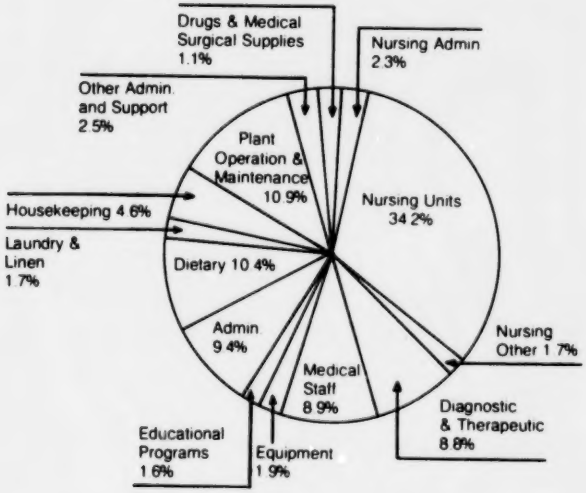


1986

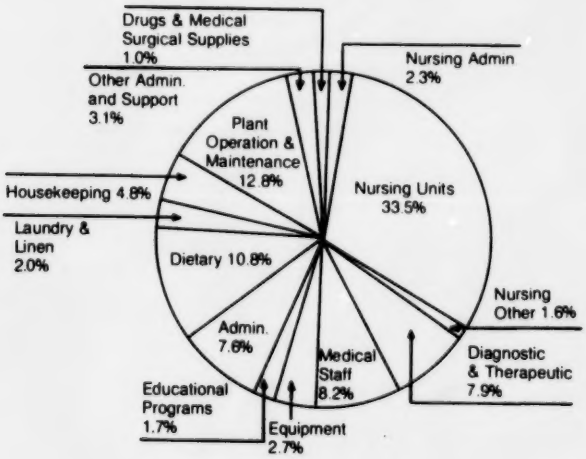
Analysis of Hospital Expenditures
For the Years Ending March 31, 1986, and 1987

Percentage Distribution of Costs
by Service

1987



1986



ANNUAL REPORT OF THE MEDICAL DIRECTOR 1986–1987

The following are the highlights of developments in the medical/psychiatric life of The Nova Scotia Hospital for the period April 1, 1986, to March 31, 1987.

Hospital Census

Statistical information for the period of this report indicates that there were 1,672 admissions to The Nova Scotia Hospital. The average daily number of patients was 320, and the average length of stay was 64 days during this period. Most units functioned at or below capacity with the exception of the Forensic Services where the percentage occupancy was 105.6 per cent.

The Day Hospital operated at capacity during this time, as the average number of patients was 15. Those who attended the Day-Care Programs throughout the hospital averaged 23 for this same period.

The outpatient statistics from the government computer show that there were 1,218 new registrations, 12,134 patient contacts, and an average caseload of 1,150 patients per month.

Developments in Patient Care

Expansion of Psychogeriatric Service

This year saw the long-awaited establishment of the second psychogeriatric unit at the hospital. Unit S-2 was closed the first week in July and, and after renovations, re-opened during the first week of September 1986 as the geriatric unit for functional psychiatric disorders.

Development of a Second Extended Care Unit

In July of 1986 discussion was started on the development of this unit. In March 1987 a formal group was established to discuss the needs of chronic patients of the hospital and to explore various alternatives. In anticipation of the establishment of this unit, the patients on Unit N–3 were transferred to the DeWolf Building (N–16), while N–16 patients were transferred to the Purdy Building (N–3).

Development of a Third Catchment Area Unit

In October of 1986 the Department of Psychiatry proposed the establishment of a third catchment area unit. A lot of preparatory work was done, and the unit was expected to start operation in May of 1987.

Crisis Intervention Unit

A working group was formed in November of 1986 to study the need for a Crisis Intervention unit. Negotiations were started to recruit a psychiatrist with special interest in this area. It was hoped that the unit would be set up sometime in the summer of 1987.

Young Offenders

Interim staffing (one half-time psychologist, one half-time social worker, and three RNs) was authorized by the Department of Health for the Adolescent Unit.

Anesthesia Consultations

It was decided to inititate the procedure of having consultations performed by the anesthetist on the evening before any patient was to begin a new course of ECT. This system was implemented in August of 1986.

Motivational Therapy

The Motivational Therapy Department was fortunate in being able to hire three new occupational therapists in August and September of 1986.

"Operation Aware"

A new program was approved for the Adolescent Unit. This educational program consists of a series of video tapes and teaching modules about problems commonly encountered by adolescents.

Life Skills Program

Two members of the Psychology Department, Drs. McCormick and Greenberg, received federal grant funds for a Life Skills Program on Unit N–16.

Pastoral Care Department

Rev. McLean was granted status as a certified leader of pastoral educational programs. This means that we will continue to have clergy students coming to the hospital.

Working Group on Co-ordination of Out-Patient Services

This group was established in March of 1987 to deal with various categories of patients other than inpatients seen by hospital staff, such as outpatients, day-care, and after-care patients. This group recommended elimination of the category of after-care patients and centralization of all outpatient treatment in the Dartmouth Mental Health Centre. It also proposed centralization of day care in one specific area under one program director. At the end of the year, the group's recommendations were circulated to the Department of Psychiatry.

Audits in Progress

The following audits were in progress at the end of the fiscal year:

— Audit of patients who go AWOL from hospital,
— Audit of Certified Patients to determine whether their certificates were appropriately made out, and
— Audit of patients who have been readmitted within 10 days of discharge.

Support Group for Staff after Patient Suicide

The following individuals were nominated to this team—Rev. McLean; Dr. D. Maynes; Dr. Vicki Briggs, Psychology; Avis Faulknier, social worker; a clinical nursing supervisor; and Margaret Brock, the nurse at the Victoria General Hospital who works with Dr. S. Hirsch. Members of the team are supposed to be on call to meet with any or all team members of the unit where a suicide takes place.

Developments in Education/Training Research

Training Committee

In July of 1986 a working group of those most actively involved in teaching was set up to coordinate our activities, improve existing programs, and develop new ones. Later, a meeting was held with Drs. Ben

Doane and Patrick Flynn of the Dalhousie Department of Psychiatry to discuss possible research activities.

Hospital/University Liaison Committee

Dr. Richman started coming regularly to The Nova Scotia Hospital on a weekly basis in order to help stimulate research and help staff in developing research proposals.

Research Projects

Two research proposals involving follow-up of patients who have been seen in the mental health system over the last 10 years were proposed by Drs. Richman and Maynes.

Educational Sessions

- On June 20, 1986, an educational day was devoted to the use of ECT with a guest speaker from Toronto, Dr. Barry Martin.

- Dr. John Curtis spoke on October 30 at a Dalhousie research seminar on his work on multiple personalities.

- Our Staff Development Department organized many educational sessions for the hospital staff including one on "Guidelines for Giving Evidence in Court" by Wayne Cochrane, legal counsel, Nova Scotia Department of Health, and one on AIDS.

- A half-day workshop for clergy was held on Friday, February 13, 1987. About 13 members of the clergy from various denominations in the metro area attended.

Metro-Wide Grand Rounds

The Nova Scotia Hospital hosted Metro-Wide Grand Rounds on January 16, 1987, with a presentation by Dr. David McPherson on the topic of "Psychoanalysis and Literature: the Personal Myth of Yukio Mishima."

Research Day

February 28 was marked as Research Day at The Nova Scotia Hospital. There were talks by Dr. Alistair Munro and several research consultants from Dalhousie and discussions on such topics as epidemiology, social/

psychological research, and biological research. About 35 people attended the activities.

Publications

— Dr. David E. McPherson published his paper on "A Personal Myth—Yukio Mishma: The Samurai Narcissus" in the *Psychoanalytic Review*, Fall 1986.

— Dr. S.N. Akhtar published a paper on "Clinical Guidelines for Management of Patients under Lieutenant-Governor's Warrants" in the December 1986 issue of the *Canadian Journal of Psychiatry.*

— Dr. Simon Brooks published a paper entitled, "Folie à Deux: Variations in Psychopathology" in the February 1987 edition of the *Canadian Journal of Psychiatry.*

Promotions

Dr. S.N. Akhtar was recommended by the Dalhousie Department of Psychiatry for promotion to Associate Professor rank.

Administrative Developments

Peer Review

A review of the Peer Review System indicated need for some fine-tuning and the Credentials Committee was called together to make the necessary revisions.

The members of the medical staff whose performance was reviewed showed no major flaws or problems.

Electrotherapy Department

Dr. Simon Brooks was appointed as the Head of that department in May of 1986. He revised the ECT documentation and developed a brochure for patients and their families with the assistance of Mrs. Nancy Green, RN.

Accreditation Visit

The hospital had its accreditation survey on September 4 and 5, 1986.

We were informed later in the fall that the hospital was granted a three-year accreditation.

Advisory Committee on Pastoral Care

Sister Mary Delaney, our Roman Catholic Chaplain for five years, resigned her position. Rev. R. McLean was supposed to fill her position on an acting basis.

Psychiatric Staff Reorganization

Dr. S.N. Akhtar was appointed as Acting Director of Psychiatry.